	Please type a plus sign (+) inside box	02 -	-25	02		A	
ſ	Please type a plus sign (+) insil box UTILITY	Attorney Docket	No.	ORT-1575		PTO PC	
	PATENT APPLICATION	First Inventor	_	Carlos R. Plata-S	alaman et al.	u.s.	
	ន TRANSMITTAL	Title			OMPOUNDS FOR USE IN PREVE RODEGENERATIVE DISORDER		
	(only for new nonprovisional applications under 37 CFR	Express Mail Lab	el No.	EV065839814US		Ť	
	See MPEP Chapter 600 concerning utility patent application contents. 1. Fee Transmittal Form (e.g., PTO/SB/17)			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 7. CD-ROM or CD-R in duplicate, large table or			
with the time the transmission of the time the transmission of the time the transmission of the time.	(submit an original and a duplicate for fee plane) 2. Applicant claims small entity state 3. Specification [Total Pages 31] (Preferred arrangement set forth below) - Descriptive Title of the Invention - Cross Reference to Related Application - Statement Regarding Fed sponsore - Reference to sequence listing, a take computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (ifficial Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s)(35 USC 113) [Total States of the Disclosure 4. Drawing(s)(35 USC 113) [Total States of the Disclosure 5. Oath or Declaration [Total Plane] a. Unexecuted (original or copy) b. Copy from a prior application (37 (for continuation/divisional with Box 18 in Deletion of Inventor(s) named in the prior see 37 CFR 1.63(d)(2) and 1	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. □Computer Readable Form (CRF) b. □Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies); or ii. □ paper c. □Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. □ Assignment Papers (cover sheet & document(s)) 10. □ 37 CFR 3.73(b) Statement □ Power of Attorney (when there is an assignee) 11. □ English Translation Document (if applicable) 12. □ Information Disclosure Statement (IDS)/PTO-1449 □Copies of IDS Citations 13. ☑ Preliminary Amendment 14. ☑ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. □ Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. □ Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. □ Other					
	6. ☐ Application Data Sheet. See 37 CFR 1.76 18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed Prior application information: Examiner ☐ Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. ☐ CORRESPONDENCE ADDRESS ☐ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA ☐ TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Ellen Ciambrone Coletti at: Telephone: (732) 524-2359 Fax: (732) 524-2808 ☐ 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED NAME Ellen Cjapabrone Coletti ☐ Reg. No. 34,140						
	SIGNATURE ELLA (1) DATE 2-21-08	L. a		7 .			

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FEE TRANSMITTAL

Complete if Known				
Application Number				
Filing Date				
First Named Inventor	Carlos R. Plata-Salaman			
Group Art Unit				
Examiner Name				
Attorney Docket Number	ORT-1575			

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER	FILED	NUMBER EXTRA	RATE .	BASIC FEE \$740.00
TOTAL CLAIMS	32- 20 =	_	12	x 18.00	\$ 216 .00
INDEPENDENT CLAIMS	2- 3 =		0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS			N/A	\$270.00	
		TOTAL FEES	\$ 956.00		

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/ORT-1575/ECC in the amount of \$956.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT-1575/ECC. Three copies of this sheet are enclosed.

SUBMITTED B	Complete (if applicable)		
Typed or			
Printed Name	Ellen Ciambrone Coletti	Reg. No. 34,140	
Signature	Mh (id 6D)	Date: 2-21-02	Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Carlos R. Plata-Salaman; Boyu Zhao; and Roy E.

Twyman

For : CARBAMATE COMPOUNDS FOR USE IN PREVENTING OR

TREATING NEURODEGENERATIVE DISORDERS

Express Mail Certificate

"Express Mail" mailing number: EV065839814US

Date of Deposit: February 21, 2002

I hereby certify that this complete nonprovisional application, including specification pages, claims, Declaration and Power of Attorney, preliminary amendment and a transmittal letter, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Karen Hall-Morgan

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)